

## Preventing Suicide and Managing Self Harm Policy

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Version	Date	Author	Status	Comment
1	15/2/06	Pat Greene	Final	Approved by CSMT
2	12/12/17	Pat Greene	Final	Non- functioning links removed
3	1/8/23	Michelle Dougan	Draft	Policy re written in line with changes in updated terminology and practice.  Consideration has been given to guidance documents and legislative requirements across 4 UK nations.

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## POLICY

### Purpose

Barnardo's believes that all children and young people have a fundamental right to a happy, healthy childhood and a positive future. This includes emotional, physical, and mental health. We are committed to creating a positive culture where everyone can feel safe, if they are able, to talk openly and honestly about their mental health. The purpose of the policy is to provide clear guidance for staff and volunteers to effectively support children, young people, and vulnerable adults, with strategies designed to help prevent suicide and manage self-harm.

Supporting children, young people, and vulnerable adults, especially those individuals who may present with behaviours that cause concern, requires commitment to develop personalised services, care and support which places the person at the centre of our service delivery. The proactive promotion of this intervention is central and integral to child-centred, trauma responsive practice, it reduces potential risk for children, young people, vulnerable adults, staff, and volunteers, and supports services to create a culture of support and understanding for someone in crisis. This enables us to deliver services safely, in line with our organisational values.

In addition to this national policy, each local service that has contact with children and young people who demonstrate or are at risk of suicide and/or self-harm MUST develop their own local protocol as guidance to respond to service specific situations. Local guidance must follow the same principle of harm reduction as this national policy.

## Scope

This Preventing Suicide and Managing Self-harm Policy provides an overarching framework and a process for achieving safe interventions at Locality, Service, Business Lines and individual service user level.

The policy recognises that:

- Barnardo's is taking a harm reduction approach and that this carries risks
- Successful work with CYP relies on a robust risk assessment, formulation and management plan and direct work, skilled and confident staff who knowing when to refer on
- Suicide and self-harm are two different things
- Self-harm is not a precursor to suicide. Many people who self-harm may not have suicidal intentions. Most episodes of self-harm do not lead to suicide completion, but the possibility or risk can be present
- Self-harming behaviour may take place at the service or be brought to the attention of staff having happened elsewhere
- When working with a disabled child, young person, staff or volunteer, further consideration should be given as suicidal ideation or self-harm may be more complex to identify and support
- The parents and carers, family members or siblings of children and young people using the service might self-harm and so support for them should be planned and awareness of the impact vicarious trauma.

## What is Suicidal ideation?

Suicidal ideation, often called suicidal thoughts or ideas, is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide. All mentions of suicide must be taken seriously. Suicidal ideation is the broad term that describes a preoccupation with death, suicide, or self-harm.

There are two types of suicidal ideation:

- passive: a person has specific thoughts of suicide, of "not wanting to be alive," or "not wanting to wake up in the morning" but doesn't intend or plan to commit the action
- active: a person is not only thinking about it, but having the intent to die by suicide, including planning how to do it

We need to be aware that passive suicidal ideation, the person wishing that they could die in their sleep or in an accident rather than by their own hand, is not necessarily any less serious than active suicidal ideation. It can quickly turn active, and it most certainly has a blend of active and passive components. It's also important to note that suicidal thoughts fluctuate, thoughts may be specific, intense, and persistent one day, and the next, they may be more vague and occur less frequently.

Suicidal behaviour exists along a continuum, from thinking about ending one's life, to developing a plan, to non-fatal suicidal behaviour to ending one's life including that a service user may not intent to die but their behaviour may put them at risk of accidental death (death by misadventure). All these are considered as a suicidal crisis.

Opinions on the most appropriate terminology for suicide are varied; however, the following phrases have been deemed most acceptable to appropriately describe suicide:

- Attempted suicide
- Attempted to take their life
- Engaged in suicidal behaviours
- Acted on thoughts of suicide
- Died by suicide
- Ended their life
- Killed themselves
- Suicided

## What is self-harm?

Self-harm is difficult to define, it is a behaviour unique to the person. Self-harm is defined as intentional self-poisoning or injury, irrespective of the apparent purpose (NICE 2022)

This includes both physical and psychological forms of self-harm:

- Self-harm inflicted on the body with immediate and longer-term effect.
- Psychological harm to the self.

Control, release, punishment, compulsion, and expression are just a selection of reasons as to why someone may injure themselves. Sometimes, self-harm can also be a reaction to overwhelming life events that may feel unmanageable.

## Procedure

### Children, Young People, and their families

Individuals who self-harm or express suicidal ideation or attempt are deserving of understanding and help and should not be excluded from Barnardo's services because of self-harming behaviour.

- Self-harm is acknowledged as a way of coping with emotional, psychological, and physical pain and trauma from earlier or current life experiences and should be recognised as a solution which deserves compassion and support. Work with children, young people, and families who self-harm should not be about taking away their means of control, but about actively working on other ways of managing/ coping
- Staff should respond to self-harming behaviour in a non-judgemental way to help encourage the child or young person to talk about the self-harm and why they do it. At the same time this must be documented in the risk assessment and risk management plan. It is vital that staff do nothing which might be perceived by children or young people, as encouragement or advocacy of self-harm
- Along with acceptance of self-harm as a way of coping, there must be an exploration with the child or young person of alternative coping strategies, that reduce risk. This might be with the involvement of another agency
- The child or young person who is self-harming should be advised of the potential risks which might arise from their behaviour, both to themselves and others
- When supporting children or young people who repeatedly self-harm it may be appropriate to offer harm reduction advice. However, harm reduction strategies should not be offered for children or young people who self-harm by poisoning. There are no safe limits in self-poisoning
- It is vital to appreciate that it may take a long time for an individual to reduce or stop self-harming and that some children and young people may never achieve this.
- Despite best practice it must be recognised that sometimes a child or young person may need services which cannot be provided by Barnardo's. In such situations the child/young person and family should be informed that they would be best helped by a referral to another agency. Where possible a referral should be made with the agreement of the child, young person, and their family if appropriate, unless this is outweighed by risk to the child/young person who is self-harming and/or other people (including Barnardo's staff and volunteers)
- These actions should be part of a risk management plan. The risk should be assessed, formulated and a management plan agreed in collaboration with the child or young person and their family
- Staff teams should ensure that the child's, young persons or families risk assessment and risk plan is dynamic and reviewed at all sessions and adjusted as the risk changes
- Where necessary, staff should refer the child or young person following Barnardo's Safeguarding Procedures including management involvement when required
- Services making placements with Foster Parents, Supported Lodgings Providers and other Carers must make sure they are provided with local guidance suitable to their needs and those of the children and young people placed with them.

## Staff and Volunteers

We recognise that this issue can affect workers, however this policy refers to children, young people, and families. The Colleague Safeguarding policy details actions for those supporting staff and volunteers.

- Supervisors and line managers should ensure that staff are familiar with all the opportunities for support both within Barnardo's and from other organisations
- Services working with children or young people who self-harm should strive to establish good working relations with their local mental health services and other partners
- External staff providing support/supervision to Barnardo's staff must ensure they are aware of Barnardo's Safeguarding and other Standards/policies and local guidelines
- Services must establish debriefing procedures within their local guidelines for staff, as well as volunteers and other service users, to ensure that they are supported and are not left feeling isolated following any incidence of self-harm
- Service staff should be vigilant and regularly review the range and scope of information offered to service users, so as not to give out information which encourages or advocates self-harm
- Risk assessment on individual children and young people should take place to identify those who are likely to self-harm, as well as where and when this is likely to take place. Services will need to formulate the assessment findings and produce a robust risk management plan that incorporates the systems around the child, young person, and families, for example their GP and school. Consent should be discussed with the child, young person, and their family and clear indication of when we would share this information without consent, for example a safeguarding concern
- Within health services, the GP should be sent copies of the risk assessment and management plan, they are the main contact for families, and it is essential they are aware what has been implemented. This may not be for all Barnardos services, and each service will include this in their individual protocol.
- Services should have a procedure for recording self-harm and suicidal ideation within the service user case file on the services electronic recording system e.g., Iaptus/Content Server etc. This includes risk assessments formulations and management plans being uploaded to the recording system
- Where possible use a body map to describe where the service user self-harms should be added to recording. Staff should not upload photos or videos of the service user's self-harm injuries.
- A Serious safeguarding incident (SSI) form [Serious safeguarding incident \(SSI\) form](#) or [Barnardo's Incident Report Form \(BIRF\)](#) may also be required as per the escalation criteria
- Up to date details of emergency services and how to access them should be maintained and be kept digitally or in a visible and accessible location within each service
- Services could consider having additional team members who are trained first aiders to allow for staff absence, thus ensuring they can support children and young people in times of high need.
- Services that provide a remote or digital offer, should have a clear process for staff to follow if the child or young person self-harms or discloses suicidal ideation in a remote session. For example, informing their parent, family, and GP

- Staff should have induction on and keep themselves up to date with policies dealing with blood and other bodily fluids. This includes risk assessment and management of a child or young person
- Services with sharps boxes must have a policy for use and disposal as stated in their service protocol

## Suicidal Ideation or Self Harm Response Flow Chart

This is an example template that can be adapted for use within services.

**Incident**  
Child/young person presents or phones whilst experiencing mental health crisis and expresses suicidal ideation/harm intent.

**Staff Member to find out more information:**  
Why are they in crisis?  
What are they stating they will do?  
Do they have the resource to act on the thoughts? E.g. tablets/knife.  
Is anyone else with them?

**Self Harm/Suicidal Thoughts**  
Staff to utilise ASSIST training and/or ask the following questions:  
Has the child/young person felt like this previously?  
If yes, how have they managed to keep themselves safe – is there potential to build on this today?  
Is there a risk assessment and plan in place and on the records so staff can look at it and talk to it with them?  
Has the child/young person previously harmed themselves/attempted suicide?  
Do we need to contact parents/carers need to be informed to keep young person safe?



Staff feel likelihood of child/young person harming themselves is high.

Staff feel likelihood of them harming themselves is low.



Notify manager or ADCS if unavailable. If managers are unavailable, continue with process and notify as soon as possible. If incident takes place outside of standard working hours notify Duty ADCS and EDT.

Support to follow the agreed management plan if in place or develop a plan as they speak over the phone. Always come back to this. Begin a risk assessment and plan.



**This requires a medical intervention.**

Dial 111, A&E, or call police 999 if acutely suicidal.  
Assist to make same day appointment with GP or contact emergency services. If already receiving a mental health service contact the crisis team/allocated mental health worker directly.



Assist with accessing appointment. Staff are not expected to attend appointment with the child/young person but they should facilitate access to the appointment.



If staff attend GP appointment with the child/young person or assessment with Crisis Team, they should ensure they can facilitate them getting to/from appointment if they cannot remain for the duration, this could include taxi provision or a bus ticket.



If the child/young person leaves the service/refuses to remain with a worker before a response from health can be accessed and concerns remain high staff to contact the police and report a concern for the service user welfare.



Once the child/young person is safe ensure you/your team access support/de-briefing as required.

Utilise risk management plan. Or develop a new one.

Explore their support networks. Are there any activities they can get involved in which will help distract from how they are feeling?



Give child/young person helpline sheet which includes contact numbers and websites of organisations who can offer support.



Arrange follow up contact for next day to review.



Notify manager and/or ADCS  
If the incident takes place outside of standard working hours notify CSM by email.

All case notes must be written up promptly and within 24 hours of incident. Management/senior staff to be informed so decision can be made as to whether a [Serious Safeguarding Incident form](#) needs to be submitted.

If young person has a Personal Advisor or Social Worker they should be informed as soon as possible.



## **The following is an example of an excerpt from an Individual Safety Plan when in crisis.**

It aims to support all staff (including agency workers who may be new to the service) to have the terminology to communicate concerns of suicidal ideation or self-harm in order that emergency services have a clear understanding the position. This is an example of suggested terminology only and should be adapted for the child, young person, family, or services.

- *(Insert name) is absent from the service and is at risk of significant harm*
- *(Insert name) has almost constant suicidal ideation and on occasion acts on these thoughts*
- *There have been several Complex Strategy Meetings in the last few weeks about (insert name)*
- *This case is currently classified as being at section 47 level.*
- *The Home Treatment Team have active concerns around (insert name) being at high risk of death by misadventure.*
- *(Insert name) is currently using excess levels of substances on a daily basis which has elevated the level of risk*
- *(insert name) is a vulnerable child/young person/adult who we believe has learning disabilities and we have concerns that they lack the mental capacity to keep themselves safe*

## **A post incident guide to support for staff after witnessing a traumatic event.**

Witnessing suicide and self-harm or experiencing repeated exposure to these situations can potentially be very traumatic.

Traumatic events can potentially interfere with your ability to function correctly, both at work and at home, and while most people recover well from such events, it would not be unusual if you experience or later experience, some strong emotional or physical reactions, in fact this is quite normal.

Sometimes emotions and stress reactions can appear immediately, however sometimes it may take time, days or even weeks or they may not appear at all.

While not everyone will notice their own distress, it's not uncommon for people who know them well, such as family, colleagues, or friends to recognise that they "behave differently".

With understanding and support from colleagues, family and friends, stress reactions usually pass more quickly. Occasionally, however, professional help may be necessary, and Barnardo's can give you the guidance you need to get the right help.

Needing professional help does not imply instability or weakness. In fact, getting help is a sign that you are taking your health seriously.

What you can do if you have experienced what appears to be a traumatic event.

- Spend time with friends, family, and people you trust.
- Re-occurring thoughts, dreams and flashbacks are normal at first – don't try to fight them, they will decrease over time and become less problematic.
- Maintain/re-establish as normal a routine as possible.
- Eat well-balanced and regular meals (even when you don't feel like it).

- Try to keep a reasonable level of activity (exercise is good for your mental health).
- Fight against boredom.
- Express your feelings as they arise to people that you trust.
- But remember, you don't have to tell everyone everything.

**Helpful hints** for family, friends, and colleagues of someone who has experienced what can appear to be traumatic to that person.

- Listen carefully, don't try and solve every issue which emerges. Just listening helps.
- Spend time with the person.
- Offer your assistance and a listening ear even if they have not asked for help.
- Reassure them but do not force them to talk.
- Help them with every day or routine tasks –it may take time for them to readjust.
- Allow them some private time.
- Don't take their anger or other feelings personally.
- Don't tell them that they are 'lucky it wasn't worse' or 'you will get over it', or 'pull yourself together'. Instead tell them that you want to understand and assist them as and when they would like you to.

If you need personal support or guidance on how best to help yourself or someone else, then talk to your line management and/or your GP. Use other 'ordinary' sources of support such as friends and colleagues.

You or your line manager can also contact Barnardo's wellbeing debrief service for support at [Wellbeingdebrief@barnardos.org.uk](mailto:Wellbeingdebrief@barnardos.org.uk)

## References

Government pledge to reduce England's suicide rate within 2.5 years with launch of new National Suicide Prevention Strategy [£10 million Suicide Prevention Grant Fund](#), [National Suicide Prevention Alliance \(NSPA\)](#)

NHSE published [suicide prevention toolkit](#)  
[If U Care Share](#)

[Understanding Gypsy, Roma, and Traveller Communities: Support Guide](#)

[LGBTQ+ Bereavement by Suicide Research Study](#)

[Samaritans postvention toolkit](#)

[Better Health – Every Mind Matters bereavement and other traumatic events](#)

[Hub of Hope](#) by Chasing the Stigma – a mental health database

[How to work collaboratively with someone at risk to disable a suicide plan | Papyrus UK | Suicide Prevention Charity \(papyrus-uk.org\)](#)

Alumina (previously Self Harm UK): <http://www.selfharm.co.uk/>

Battle Scars: <https://www.battle-scars-self-harm.org.uk/>

BEAT: <https://www.beateatingdisorders.org.uk/>

Calm Harm app: <https://calmharm.co.uk/>

DistrACT app: <https://www.expertselfcare.com/health-apps/distract/>

CHERISH: <https://cherishsupport.co.uk/>

HarmLESS: <http://www.harmless.org.uk/>

Heads Above the Waves: <https://hatw.co.uk/>

LifeSIGNS: <https://www.lifesigns.org.uk/>  
Mental Health Foundation: <https://www.mentalhealth.org.uk/a-to-z/s/self-harm>  
Mind: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/selfharm/about-self-harm/>  
National Self Harm Network (NSHN): <http://www.nshn.co.uk/>  
Nightline: <http://www.nightline.ac.uk/>  
Papyrus – prevention of young suicide under 35 – <https://www.papyrus-uk.org/>  
HOPELINE UK <https://www.papyrus-uk.org/papyrus-hopeline247/>  
Recover Your Life: <http://www.recoveryourlife.com/>  
Rethink: <https://www.rethink.org/advice-and-information/about-mental-illness/learn-moreabout-symptoms/self-harm/>  
SANE: <http://www.sane.org.uk/>  
SupportLine (Self-injury/Self-harm): <https://www.supportline.org.uk/problems/self-injuryand-self-harm/>  
Self-injury Support: <http://www.selfinjurysupport.org.uk/>  
Crisis Text Line (Self-Harm): <https://www.crisistextline.org/>  
Lifeline (Self-Harm): Call 13 11 14; <https://www.lifeline.org.au/get-help/information-and-support/self-harm/>  
Skin Camouflage: <https://www.skincamouflage-bristol.co.uk/>  
SOS Silence of Suicide: <https://sossilenceofsuicide.org/>  
Stay Alive app: <https://prevent-suicide.org.uk/find-help-now/stay-alive-app/>  
Support After Suicide: <https://supportaftersuicide.org.uk/>  
Young Minds: <https://www.youngminds.org.uk/young-person/my-feelings/self-harm/>  
NHS (24 hours) [NHS 24 SCOTLAND](#)  
NHS England Wales and Northern Ireland <https://www.england.nhs.uk/urgent-emergency-care/nhs-111/>  
Samaritans (24 hours) <https://www.samaritans.org/>  
Shout (24 hours) <https://giveusashout.org/>  
CALM: Campaign Against Living Miserably (5pm-Midnight) <https://www.thecalmzone.net/>

### **Following suicide**

Cruise Bereavement Care 0808 808 1677 [www.cruse.org.uk](http://www.cruse.org.uk)  
Bereavement Advice Centre 0800 634 9494 [www.bereavementadvice.org](http://www.bereavementadvice.org)  
Survivors of Bereavement by Suicide 0300 111 5065 [www.uksobs.org](http://www.uksobs.org)  
Support after suicide UK <https://supportaftersuicide.org.uk/>  
Winston's Wish <https://www.winstonswish.org/supporting-you/supporting-a-bereaved-child/suicide-bereavement-support/>  
NHS <https://www.nhs.uk/livewell/suicide/documents/help%20is%20at%20hand.pdf>  
Survivors of Suicide (SOS) Support Group – Belfast - <https://www.familysupportni.gov.uk/Service/4944/self-harm-suicide/survivors-of-suicide-sos-support-group--belfast>

[Northern Trust's bereaved by suicide support service](#)

[Extern's Safe project](#) for people bereaved by suicide in the Greater Shankill area.

Western Trust has [five bereaved by suicide support groups throughout its area](#)

[Niamh Louise Foundation in Dungannon](#)

After suicide Scotland <https://supportaftersuicide.org.uk/resource/after-a-suicide-scotland/>

Supporter after suicide bereavement Scotland <https://uksobs.org/>

Glasgow City HSCP in partnership with Police Scotland have developed a new information [leaflet](#) which contains supportive information and signposting for people who have experienced a bereavement. The leaflet links them with our bereavement web pages for more comprehensive information as and when they require.

The leaflet is also currently available in the following languages:

[Polish](#)

[Punjabi](#)

[Urdu](#)

Hard copies of the leaflet are available for organisations who may meet bereaved families. To request copies, email [nehit.admin@ggc.scot.nhs.uk](mailto:nehit.admin@ggc.scot.nhs.uk).

Supporter after suicide bereavement Wales  
<https://supportaftersuicide.org.uk/resource/help-is-at-hand-wales/>

Zero suicide alliance Wales - <https://www.zerosuicidealliance.com/urgent-help/helplines-and-support-wales>

Support for those affected by sudden death in young people Wales  
<https://www.2wish.org.uk/>

## **Barnardo's**

Serious Safeguarding Incident form - [Serious Safeguarding Incident form](#)

Incident form - [Barnardos Incident Report Form](#)

Employee Assistance Programme EAP - <https://inside.barnardos.org.uk/people-and-culture/wellbeing/getting-help-wellbeing-health-and-mental-health-issues>

Workplace Mental Health and Wellbeing Group -  
<https://barnardos.workplace.com/groups/1849320971768453>

## **Compliance**

The Corporate Director and relevant members of the senior management team will monitor compliance with this policy.

## Information Sharing

Each individual's right to confidentiality must be respected. All personal data must be treated with care and kept securely; this means not disclosing it to others unless there is a legal reason to do so, and we have informed the subject that we will do this in the privacy notice, or we have the informed consent of the subject, or their parent or person with legal responsibility for them. Disclosing personal data to unauthorised people could place the subject at risk of harm and may be a breach of GDPR.

There are circumstances when we may share personal data without the consent of the subject. The GDPR (article 6.1.d) permits the sharing of personal data without the consent of the data subject to safeguard the data subject, or others from harm. Safeguarding concerns must always be shared with the local authority and with the police where this is necessary to protect the data subject or others. The data subject, or their parent, should be informed that the data has been shared unless this would place the individuals concerned at further risk.

Under Schedule 2 of the Data Protection Act 2018, personal data may also be shared with the police without the consent of the subject in order to prevent, detect or prosecute a crime. As a voluntary organisation we are not obliged to share data with the police but may choose to do so. The request must be in writing and specify the data required and why this is needed. The responsible manager must weigh up the impact of not sharing the data against the duty of confidentiality that we owe the subject. If we decide not to share the police must obtain a court order to access the data. All requests to share data must be recorded, including whether or not the data was shared and the reason for this.

For further information see the [Information sharing policy](#) or discuss with the Assistant Director (Data Protection and Information Governance) or the Data Protection Officer.